



JACKSON COUNTY OFFICE OF PERMITTING & CODE ENFORCEMENT
Land Development Application

Sylva Office: 538 Scotts Creek Rd, Suite 205, Phone: 828-586-7560 / Fax: 828-586-7563
 Cashiers Office: 357 Frank Allen Road, Phone: 828-745-6850 / Fax: 828-745-6867

For Office Use: Fee Paid? Yes (Paid) Not Required

Application number: _____

OWNER/APPLICANT INFORMATION

PIN:			DATE:		
Property Owner's Name (as listed on tax parcel):			Local Contact's / Agent's Name:		
Property Owner's Mailing Address:			Local Contact's/ Agent's Mailing Address:		
City	State	Zip	City	State	Zip
Property Owner's Phone Number:			Local Contact's/ Agent's Phone Number:		
Property Owner's E-MAIL Address:			Local Contact's/ Agent's E-MAIL Address:		
Contractor's Name (if known):			Contractor's Phone (if known):		

PROJECT/SITE DATA

Improvement Description: _____

1/2 or less acres E/C Plan has been filed. Building Size: _____ Power Provider: _____

Methods to be used for Erosion Control:

Silt Fence Berm/Diversions Temp. Gravel Construction Entrance
 Seeding/Vegetation within 7 days of final grading Other: _____

Utilities: TWSA Well Septic Other (Please specify _____)

Specific Directions to Site: _____

Gate Code: _____

FOR OFFICE USE

Site's Physical Address:		Parcel/Lot Size	
Subdivision Name:	Lot Number:	Township:	Municipality:
Fire District:	High Quality Water:	Stream Classification:	

Is This Site Within: Watershed Floodplain Protected Ridge County Zoning District

- | | | | | | |
|---|------------------------------|-----------------------------------|--|------------------------------|-----------------------------------|
| <input type="checkbox"/> SINGLE FAMILY RESIDENCE | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING | <input type="checkbox"/> ADDITION/REMODEL | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING |
| <input type="checkbox"/> MULTI FAMILY DEVELOPMENT | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING | <input type="checkbox"/> SUBDIVISION DEVELOPMENT | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING |
| <input type="checkbox"/> MANUFACTURED HOME | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING | <input type="checkbox"/> OFF PREMISE SIGN | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING |
| <input type="checkbox"/> ACCESSORY STRUCTURE | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING | <input type="checkbox"/> MOBILE HOME PARKS | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING |
| <input type="checkbox"/> RETAIL/OFFICE BUILDING | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING | <input type="checkbox"/> COUNTY ZONING DISTRICT | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING |
| <input type="checkbox"/> INDUSTRIAL DEVELOPMENT | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING | | | |
| <input type="checkbox"/> HEAVY COMMERCIAL | <input type="checkbox"/> NEW | <input type="checkbox"/> EXISTING | <input type="checkbox"/> MISC. GRADING | | |

CERTIFICATION

I hereby certify that the information given above, to the best of my knowledge, is true and correct. I am aware that the State and/or County staff can and will conduct periodic inspections of this project to ensure compliance.
 I acknowledge that I have been informed of land use regulations subject to my property or development.
 I understand that I must contact the Permitting Office at least one business day prior to any work commencing.
 The signature below signifies full responsibility for all land disturbing activities on site.

Owner's/Agent's Signature: _____ Date: _____

Approved to proceed with permitting process when signed by Permit Center staff. _____ Date _____

You may submit a completed, signed copy of this application to our office in person, by fax, or e-mail to jcpermitcenter@jacksonnc.org. Fees may be required.

TO BE FILLED OUT BY APPLICANT

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